

transplant. It is divided into three segments: pre-transplant, inpatient hospitalization, and post-transplant. The pre-transplant section is presented by a transplant coordinator to cover the necessary requirements prior to transplant. The inpatient hospitalization and post-transplant phase are discussed by social work, nursing, dietary, and a senior physician assistant. The inpatient phase outlines patient expectations, daily routine, conditioning and stem cell transplant process, engraftment, low-microbial diet, and possible complications of transplant. The post-transplant phase emphasizes the necessity of a caregiver, transplant precautions, frequency of follow up, and the recovery process. Patients and caregivers have an opportunity to ask general questions for each presenter.

Methods: Patients and caregivers were provided with a Likert-scale questionnaire designed to gather feedback on their feelings of preparation for the pre-transplant phase, inpatient hospitalization, discharge process, complications, post-transplant needs, and overall helpfulness of the group. Data was collected from all groups over one year.

Findings & Interpretation: Results: 87 potential transplant patients and caregivers completed the questionnaire. Participants widely agreed that they felt more informed in all aspects of transplant. 97% of group members agreed that the overall group was helpful in preparing them for transplant.

Discussion & Implications: Conclusion: This interactive, psychoeducational group proved to be a very effective approach to best prepare patients and caregivers for transplant.

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African-American, Latino and Caucasian Patients' Experience before, during and after Stem Cell Transplantation: A Phenomenological Study

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Topic Significance & Study Purpose/Background/Rationale: Patients with refractory hematological malignancies are frequently candidates for life saving but potentially life threatening treatment such as stem cell transplantation (SCT). The purpose of this study was to describe the meaning of the experience of SCT for African-American, Latino, and Caucasian patients before, during and after SCT.

Methods, Intervention, & Analysis: Hermeneutic phenomenological method was used to complete analysis of data from interviews of 60 SCT patients that were conducted before treatment began, at the time of blood count recovery, and day 30, 60 and 100 after treatment.

Findings & Interpretation: "Like a bridge I never crossed before" captured the meaning the experience had for participants at all times. Three overlapping themes emerged: Facing the Fear, Getting Through and Going Beyond, primarily after the SCT. Contextual factors of life threatening disease and treatment, lack of experience or knowledge, emotional/coping, culture, symptom burden, and financial burden influenced the transition between the phases of SCT. While the themes were common across all ethnicities differences in emphasis were found.

Discussion & Implications: There is a need to determine the meaning of SCT, its related education, and the experience of

being post treatment for patients and their families of all ethnicities. Implications for practice include modifying care, education, and planning to ensure patient centered care that is responsive to the patient and family meanings. Research that assesses such care and the related outcomes is essential.

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Engraftment in Sibling Allogeneic Stem Cell Transplant Recipients Following the Change in Bone Marrow Collection Devices

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Topic Significance & Study Purpose/Background/

Rationale: The length of time between stem cell infusion and engraftment can significantly impact the recipient's survival and quality of life. We observed that the days until engraftment in stem cell transplant recipients has increased for unknown reasons. One possible explanation considered was a change in bone marrow collection devices. In October 2009 the Baxter Fenwal P/N collection System was discontinued. We switched to a new device called the BioAccess Marrow Collection System. This project investigated whether the change in collection systems has impacted our patients' time to engraftment after stem cell infusion.

Methods, Intervention, & Analysis: The number of days to engraftment after stem cell transplant was evaluated by a chart review of 67 patients that were transplanted at this hospital between 2001 and 2014. The average days to engraftment after collection using the Baxter Fenwal P/N Collection System (before 10/2009) versus the BioAccess Collection System (after 10/2009) were compared. All evaluated patients had received matched sibling donors transplants with a conditioning regimen of Fractionated TBI (1320 cGy) with either Etoposide (60 mg/kg) or Busulfan (16 mg/kg) and Cyclophosphamide (120 mg/kg). All subjects also received GVHD prophylaxis with Cyclosporine and Methotrexate (15 mg/m² on day +1 and 10 mg/m² on days +3, +6, +11).

Findings & Interpretation: Analysis of the data showed that the mean days to engraftment for patients given cells collected with the Baxter Fenwal P/N Collection System was 25.22 days with a standard deviation of 2.9. Patients given cells collected with the BioAccess Collection System had a mean engraftment time of 26.78 days with a standard deviation of 1.84. Further analysis with an unpaired T test revealed that these results were statistically significant, with p=0.01.

Discussion & Implications: This was a QA project to explore possible causes for increased time to engraftment for our SCT patients. The findings were found to be statistically significant. However, they didn't show the clinical significance expected, as the means before and after the change in collection devices only differed by one day. We therefore do not see a need for changing our current bone marrow collection system

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Removal of Chlorhexidine Gluconate-Impregnated Dressings Due to Skin Irritation in Patients Under Hematopoietic Stem Cell Transplantation

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